



Model Release

In exchange for consideration received, I hereby give permission to the **Texas Oral Health Coalition, Inc.** to use my photographic likeness in all forms and media for advertising, trade, and any other lawful purposes.

Print Name: _____

Signature: _____

Date: _____

If Model is under 18 years of age:

I, _____,
am the parent/legal guardian of the individual named above, I have read this release and approve of its terms.

Print Name: _____

Signature: _____

Date: _____

Please return completed model release form via email to b.stewart@txohc.org or fax 432-689-7507.

THANK YOU!